ee:11											
	in this information of	Francia S Sr									
	otor 2 buse, if filing)					_					
٠.	- -	otcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
Cas	se number 19	-10091				C	neck if this is:				
(If kr	nown)			•			An amende	d filing			
							A suppleme		postpetition llowing date:	chapter	
0	fficial Form	<u> 1061</u>					MM / DD/ Y	YYY			
S	chedule I:	Your Inco	ome							12/15	
atta	ch a separate she	parated and you let to this form. (le Employment	r spouse is not filing wi On the top of any additi	ith you, do not inclu onal pages, write yo	de infori our name	mation ab	out your spo e number (if	ouse. If mo known). Ai	re space is i nswer every	needed, question	
1.	Fill in your emplinformation.	loyment		Debtor 1			Debtor 2	or non-fil	ing spouse		
	If you have more attach a separate information abou	e page with	Employment status	■ Employed□ Not employed			☐ Employed ☐ Not employed				
	employers.		Occupation	Driver / Loader			_				
	Include part-time self-employed wo		Employer's name	Contract Freigh	iters, In	<u>c</u>					
	Occupation may or homemaker, if		Employer's address	P.O Box 2547 Joplin, MO 6480	04	- -		· ··			
	•		How long employed t	here? <u>5/05/20</u>	19 Star	t Date				· ·	
Par	rt 2: Give De	etails About Mor	nthly Income								
Esti spoi	mate monthly incuse unless you are	ome as of the da	ate you file this form. If	you have nothing to r	eport for	any line, v	vrite \$0 in the	space. Inc	lude your nor	n-filing	
lf yo	ou or your non-filing e space, attach a s	spouse have mo eparate sheet to	ore than one employer, co this form.	ombine the informatio	n for all e	employers	for that perso	on on the lin	nes below. If y	you need	
						For	Debtor 1		otor 2 or ng spouse		
2.	List monthly gro	oss wages, sala ot paid monthly, o	ry, and commissions (b calculate what the monthl	efore all payroll y wage would be.	2.	\$	2,600.00	\$	N/A		
3.	Estimate and lis	st monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A		
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$ 2	2,600.00	\$	N/A		

Debtor 1		Francia S Small	_	C	Case number (if known)		19-10091			
	Cor	by line 4 here	4.		For Debtor 1 \$ 2,600	.00	(2000)2000000000	Debtor -filing s		
5.	l iet									-
5.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a	١.	\$ 585	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	١.		.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$ 0	.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	١.	\$ 0	.00	\$		N/A	-
	5e.	Insurance	5e	٠.	\$ 0	.00	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$ 0	.00	\$		N/A	_
	5g.	Union dues	5g	١.	\$ 0	.00	\$		N/A	_
	5h.	Other deductions. Specify: Driver Legal Plan	5h	.+	\$ 13	.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ <u>598</u>	.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$2,002	.00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı .	\$ 0	.00	\$		N/A	
	8b.	Interest and dividends	8b			.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c			.00	\$		N/A	_
	8d.	Unemployment compensation	8d	l .	\$ 0	.00	\$		N/A	_
	8e.	Social Security	8e	١.	\$ 0	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Link Card	8f.		\$		\$		N/A	_
	8g.	Pension or retirement income	8g			.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	1.+	\$0	.00	+ \$		N/A	_
9.	Add	i all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	4	400	.00	\$		N//	<u>A</u>
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,402.00	+ \$		N/A	= \$	2,402.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.								_,
11.	Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					Schedule 11.		0.00
12.	Add Writ app	If the amount in the last column of line 10 to the amount in line 11. The respect that amount on the Summary of Schedules and Statistical Summary of Certaillies	sult is in Lia	the bilit	combined mon ties and Related	thly ir <i>Data</i>	icome. , if it	12.	\$	2,402.00
									Combi	ned ly income
13.	_	you expect an increase or decrease within the year after you file this form	?						monun	y moone
		No. Yes. Explain:								
										1

pare es	1 - 1 - 1 - 1 - 1					1		
Fill	in this informa	tion to identify yo	ur_case:	, , , , , , , , , , , , , , , , , , , ,				
Deb	otor 1	Francia S Sm	nall				k if this is:	
Deb	otor 2						An amended filing A supplement show	ing postpetition chapter
(Spo	ouse, if filing)					_	13 expenses as of	the following date:
Unit	ted States Bankr	uptcy Court for the:	NORTH	IERN DISTRICT OF ILLIN	IOIS	_	MM / DD / YYYY	
Cas	e number 19	-10091						
(If k	nown)							
O	fficial Fo	rm 106J						
S	chedule	J: Your E	Exper	nses				12/1
Be info	as complete a	and accurate as	possible eded, atta	If two married people a ch another sheet to this	re filing together, be form. On the top of	oth are equa f any addition	ally responsible fo nal pages, write y	r supplying correct our name and case
Par		ibe Your House	hold					
1.	is this a join							
	■ No. Go to	i line 2. s Debtor 2 live i i	n a sanar	ata housahold?				
	□ 100: D00		ii a ocpai	ate floadeflora.				
			t file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Debi	or 2.	
2.	Do vou have	e dependents?	□ No					
	Do not list De	•	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
		II		·				□ No
	Do not state dependents				Son		11	Yes
	·							□ No
					Son		13	■ Yes
					0		45	□ No
					Son		15	■ Yes □ No
					Son		18	■ Yes
3.	Do your exp	enses include		No				— 163
		f people other th d your depender	^{nan} ⊓	Yes				
	yoursell and	ı your depender	ils f					
exp	imate your ex		ur bankr	y Expenses uptcy filing date unless y y is filed. If this is a sup				
the	lude expense value of such ficial Form 10	n assistance and	ion-cash I have inc	government assistance cluded it on <i>Schedule I:</i>	if you know Your Income		Your exp	enses
			nin ovnom	ses for your residence.	Include first mortgag			
4.		nd any rent for the			molude inst mortgag	4. \$		0.00
	If not includ	led in line 4:						
		estate taxes				4a. \$		167.00
	•	rty, homeowner's				4b. \$		300.00
		maıntenance, rej owner's associati		upkeep expenses dominium dues		4c. \$ 4d. \$		0.00 0.00
5.				our residence, such as ho	ome equity loans	5. \$		0.00

Debtor 1	Francia S Small	Case num	ber (if known)	19-10091
6. Utilit 6a.		6a.	¢	300.00
	Electricity, heat, natural gas	6b.	·	81.00
6b.	Water, sewer, garbage collection	6c.	\$	
6c.	Telephone, cell phone, Internet, satellite, and cable services	6d.	\$	75.00
6d.	Other. Specify:		·	0.00
	and housekeeping supplies	7.	\$	632.00
	Icare and children's education costs	8.		0.00
	ning, laundry, and dry cleaning	9.	·	147.00
	onal care products and services	10.		100.00
	cal and dental expenses	11.	\$	0.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	100.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	itable contributions and religious donations	14.	·	0.00
5. Insu	-	• • •	·	0.00
	of include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15b.	\$	0.00
	Vehicle insurance	15c.	\$	0.00
	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec		16.	\$	0.00
	Ilment or lease payments: Car payments for Vehicle 1	17a.	¢	0.00
	, ,	17b.		0.00
	Car payments for Vehicle 2	17b. 17c.	•	
	Other. Specify:	17d. 17d.	·	0.00
	Other. Specify:		ъ	0.00
	payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
Othe	r payments you make to support others who do not live with you.		\$	0.00
Spec		19.	· · · · · · · · · · · · · · · · · · ·	
	r real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	[.] 20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
	r: Specify:	21.		0.00
			*	
	ulate your monthly expenses			4
	Add lines 4 through 21.		\$	1,902.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	1,902.00
. Calc	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	2,402.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,902.00
230	Subtract your monthly expenses from your monthly income.			
٤٠٠٠.	The result is your monthly net income.	23c.	\$	500.00
4. Do v	ou expect an increase or decrease in your expenses within the year after y	ou file this	form?	
For e	xample, do you expect to finish paying for your car loan within the year or do you expect you	ır mortgage	payment to incre	ease or decrease because of a
_	ication to the terms of your mortgage?			
■ N				
□ Y	es. Explain here:			